18-04336

### **WISCONSIN MOTOR VEHICLE CRASH REPORT**

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT **BARABOO, WI 53913** (608) 356-4895

Document Number Override	Primary Crash Document #	Agency Crash Number Investigating 18-04336 DEPUTY B		Officer/Deputy . MEARS	
Crash Date <b>04/29/2018</b>			Time Arrived 07:20 AM		
Date Notified <b>04/29/2018</b>	Time Notified 06:30 AM	Total Units <b>01</b>	,	Fotal Killed <b>00</b>	
On Emergency Hit	and Run Lane Clos		Trailer or To	wed Reporting Threshold	
Government Property	Active School Zone	School Bus Related NO	Tags		
Reportable	Crash Type DT4000 (STANDARD CRASH	<del>1</del> )	Amended	Secondary Crash	
Description Diagram			Recor	nstruction By	
sign for store	gas pumps	e12965 sth 78/113		UTÝ MEARS  Onal Information	
	sth 78/113				
OPERATOR WAS DRIVING UNIT THE UNIT. OPERATOR AND PAS PROPERTY OWNER. LAW ENFO DAMAGE. I DID LOCATE OPEN II WENT OUT AND DENIED BEING	IN PARKING LOT NB TRYING TO SENGERS GOT OUT AND LEFT T RCEMENT WAS CONTACTED BY NTOXICANTS IN UNIT. SIGN HAD INTOXICATED AT TIME OF ACCIL	ot added any CJIS data in this TURN TOWARDS THE WEST WHE THE UNIT ON SCENE AND DID NOTOWNER UPON DISCOVERY AND MINOR DAMAGE. OPERATOR WADENT. PROPERTY OWNER WAS ADENT. PROPERTY OWNER WAS ADE TO LOCATION, NO CITATIONS	EN SHE STRUCK A S' I REPORT IT TO LAW UNIT WAS TOWED.U AS LATER CONTACTI ADVISED OF ACCIDEI	V ENFORCEMENT OR THE INIT HAD SEVERE FRONT END ED. SHE CLAIMED HER BRAKES	

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PARKING LOT STH78 SB LOT E12965	Latitude <b>43.372655049</b>	Longitude -89.677128867
(FIRE E12965) IN THE TOWN OF MERRIMAC	X Coordinate <b>283110.375</b>	Y Coordinate 4805680
IN SAUK COUNTY	Structure Type FIRE	

Crash Scene					
First Harmful Event		First Harmful Event Location			
OVERHEAD SIGN POS	ST	IN PARKING LANE OR ZONE			
Manner of Collision			Light Condition		
NO COLLISION W/VEH	IICLE IN TRANSPORT		DARK/UNLIT		
Road Surface Condition(s)			Roadway Factor(s)		
DRY					
Environment Factor(s)					
NONE			NOT APPLICABLE		
Weather Condition(s)			1		
CLEAR					
Animal Type			Relation To Trafficway		
			NON TRAFFICWAY - PARKING LOT		
Crash Classification - Locat	tion		Crash Classification - Jurisdiction		
PRIVATE PROPERTY			PRIVATE PROPERTY		
Tribal Land			Access Control	Special Study	
			NO CONTROL		
Within Interchange Area	Junction Location	Intersection	on Type	·	
NO	NON-JUNCTION	NOT AN	INTERSECTION		

	Unit Summary						
	Unit Status		Vehicle Operating As Classification	Vehicle Operating As Classification		Unit Type	
	IN TRANSIT		D CLASS	D CLASS		BILE	
_	Vehicle Type					As Endorsements	
6	PASSENGER CAR						
	Total Occs Train/Bus # Injured		Total # Citations Issued	Total Traile	ers	Total HazMat Types	
	3		0	0			
	Insurance?	Direction Of Travel	Pre CrashTire	Speed Lim	it	Total Lanes	
⊢	YES	NORTHBOUND	Mark	N/A			
LIND	Most Harmful Event: Collision W	/ith	Special Function		Emergency Motor Vehicle Use		
-	OVERHEAD SIGN POST		NO SPECIAL FUNCTION		NOT APPLICABLE		
	Traffic Way		Traffic Control		Traffic Control Inoperative/Missing		
	PARKING LOT OR PRIVATE PROPERTY		NO CONTROL		NO		
	Surface Type		Road Curvature		Road Grade		
	BLACKTOP (BITUMINOUS	5)	STRAIGHT	STRAIGHT		LEVEL	
	Truck Bus or HazMat		,		ı		
	NO						

	,	Vehicle					
		License Plate Number	Plate Type	St	Country of Issuance		
		846VVR	<b>AUT - AUTOMOBILE</b>	WI	UNITED STATES		
_		Vehicle Identification Number	Make	Year	Model		
9	2	3GNDA33P27S553073	CHEVROLET	2007	HHR LT		
		Color	Body Style VN - VAN		Bus Use		
		ONG - ORANGE			NOT A BUS		
	Щ	Initial Contact Point	Vehicle Damage		-		
TIND	걸	12FRONT	4 DICHT FRONT CORNER 2 DICH		T SIDE FRONT, 10LEFT SIDE FRONT, 11		
15	王	Extent Of Damage	LEFT FRONT CORNER, 1	,	,		
	7	DISABLING DAMAGE		,			

Crash Date 04/29/2018 Crash Time 02:04 AM

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		Towed Due To Dama	•		e Removed By				
		TOWED DUE TO DISABLING DAMAGE		EVERETTS TOWING					
		What Driver Was Doi	ng	Vehicle	e Factors				
		U TURN							
		Driver Prior Action Ot	ther	BRA	KES				
		Driver Actions	Oriver Actions SPEED TOO FAST/COND, FAILURE TO CONTROL, OPERATED MOTOR VEHICLE IN AGGRESSIVE/RECKLESS MANNER,						
L١	LE		OR VEHICLE IN INATTENTIVE, C			SKESSIVE/KECKEESS MANNEK,			
	2								
5	VEHICL								
	>								
		Driver Distractions UNKNOWN IF DIS	STRACTED						
		ONKNOWN IF DIS	SIRACIED						
_	_								
2	0								
		Owner Name		0	wner Address				
		HEATHER ZICK			14360 BALTIC AVE				
		(608) 370-2320		MERRIMAC, WI 53561 , US					
	Ş	Sequence Of Events							
		Event							
	0	OVERHEAD SIGN	I POST						
	7	Event							
	02								
	~	Event							
	03								
	04	Event							
⊨ ا	ı	Policy Holder							
		Insurance Company		Indi	vidual				
7		PROGRESSIVE-C	ASUALTY-INS-CO	HEATHER ZICK					
	ĺ	Individual							
		Driver		Cita	ations Issued	Sex			
	_	HEATHER ZICK		0		FEMALE			
	A	(608) 370-2320		Date	e of Birth	Race			
H١	INDIVIDUA					WHITE			
	≥	Address		Driv	ver License Number				
2	9	E14360 BALTIC A							
	=	MERRIMAC, WI 5	3561 , US	STATE: WISCONSIN COUNTRY: UNITED STATES					
	ļ		On Duty Crash	Safe	Safety Equipment				
		Equipment							
		Seat Position		SHOULDER & LAP BELT					
		1FRONT SEAT-LEFT SIDE (DRIVER/MOTORCY							
		Helmet Use	•	Heli	met Compliance				
		Treimet 036			F				
		Eye Protection		Tint	Compliance				
		-			•				
_	Ξ		Injury Severity	Airb	pag				
2	90	Injury	NO APPARENT INJURY	DE	PLOYED-FRONT				
		Ejected	1	Ejed	ction Path	Trapped/Extricated			
		NOT EJECTED		NO	T EJECTED/NOT APPLICABL	NOT TRAPPED			

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		Madical Transmit			FN40 A	•••	TEMO D "				
		Medical Transport			EMS Agency Ident	itier	EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death Time of Death		Time of Death				
		Striking Unit # Prior Action				Location		To/From Cohool			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		Action									
	INDIVIDUAL										
⊨	$\geq$										
LIND	Ħ										
$\supset$	$\leq$										
	9										
	=										
		Action Other									
			Suspected Alcohol U	lse	Suspected Drug Us	se					
		Drug & Alcohol	YES	700	NO						
		Alcohol Test Given			Alcohol Test Type		Alcohol Test Results				
		TEST NOT GIVEN	1								
		Drug Test Given			Drug Test Type		Drug Test Results				
		TEST NOT GIVEN	ST NOT GIVEN				9				
7	00	Drug Type									
J	0										
		Individual Condition									
		NOT OBSERVED									
		Individual									
		Passenger			Citations Issued		Sex				
		HAILEY COY			0 FEMALE						
	7	(608) 370-3276									
	Ž	(000) 370-3270			Date of Birth		Race				
⊢	INDIVIDUAL				WHITE						
	≥	Address			Driver License Number						
$\supset$		8928 CTH Y									
	Z	SAUK CITY, WI 5	3583 , US		STATE: WISCONSIN COUNTRY: UNITED STATES						
			On Duty Crash		Safety Equipment						
		Equipment									
		Seat Position	l		SHOULDER & LAP BELT						
			RIGHT SIDE (TRAI	N ENGINEER							
			TIOITI OIDE (TITAL	IN ENGINEER	Helmet Compliance						
		Helmet Use									
		Eye Protection			Tint Compliance						
_	7		Injury Severity		Airbag						
5	005	Injury	NO APPARENT I	NJURY	DEPLOYED-FR	ONT					
			INO ALL AKENTI	NOOK I		OIT1	Transad/Eutricated				
		Ejected			Ejection Path Trapped/Extricated						
		NOT EJECTED			NOT EJECTED/	NOT APPLICABL	NOT TRAPPED				
		Medical Transport					EMS Run #				
		NOT TRANSPOR	TED								
		Hospital			Date of Death		Time of Death				
					20.00. 200		Time of Death				
			Lacus Issue	Ta		Tr. a		I = /5			
		Non Motorist	Striking Unit #	Prior Action		Location		To/From School			
		HOIT MOUNTS									

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Crash Time 02:04 AM

LIND	INDIVIDUAL	Action							
		Action Other							
			Suspected Alcohol U	92	Suspected Drug U	SA			
	L	Drug & Alcohol	NO	30	NO	30			
		Alcohol Test Given TEST NOT GIVEN			Alcohol Test Type		Alcohol Test Results		
		Drug Test Given TEST NOT GIVEN			Drug Test Type		Drug Test Results		
7	005	Drug Type					<u>I</u>		
		Individual Condition							
		NOT OBSERVED							
	-	Individual			LOitatiana la consid		To.		
		Passenger ALEXI BRUMMEL (608) 214-9818			Citations Issued  0		Sex FEMALE		
	NAL				Date of Birth		Race WHITE		
LIND	INDIVIDUA	Address E13487 GRACE S , WI 53561 , US	т		Driver License Nur	nber	1		
		Equipment	On Duty Crash		Safety Equipment				
		Seat Position			SHOULDER & L	AP BELT			
		6SECOND SEAT-RIGHT SIDE							
		Helmet Use			Helmet Compliance  Tint Compliance				
		Eye Protection							
2	003	Injury	Injury Severity NO APPARENT II	N.IIIRY	Airbag  NOT APPLICABLE				
		Ejected	NO ALL ARENT II	1001(1	Ejection Path	,	Trapped/Extricated		
		NOT EJECTED				NOT APPLICABL	NOT TRAPPED		
		Medical Transport			EMS Agency Ident		EMS Run #		
		NOT TRANSPORT	TED		D		Ti (D :		
		Hospital			Date of Death		Time of Death		
		Non Motorist	Striking Unit #	Prior Action	<u> </u>	Location	I	To/From School	
				l		1			

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LIND	INDIVIDUAL	Action				
	E	Action Other  Prug & Alcohol NO	ected Alcohol Use	Suspected Drug Use NO		
		Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results	
		Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results	
10	003	Drug Type				
		Individual Condition				
		NOT OBSERVED				